

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Okano Care Home	<b>CHAPTER 100.1</b>
<b>Address:</b> 16-1397 35 <sup>th</sup> Avenue, Keaau, Hawaii 96749	<b>Inspection Date:</b> November 23, 2020 – Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1, "D/C 6/9/20" handwritten next to "Ondansetron HCl 4mg every 4 hours(s) oral as needed for nausea (1 tablet of 4 mg)" and "Polytrim 1 drop(s) four times a day ophthalmic 1 drop(s) of 10000 – 0.1 unit/mL (%)" written on printed and signed medication orders dated June 5, 2020. However, no indication of who wrote the "D/C" order.</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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Licensee's/Administrator's Signature: *[Signature]*

Print Name: Stacey Okano

Date: 11/28/2020